

cases of massive tubercle of the cord, brought out a number of facts, some of them of practical interest. They are: 1st. Sarcoma of the spinal cord occurs with about equal frequency in the two sexes; of the twenty-six cases, fourteen were in females, twelve in males. 2d. Sarcoma of the spinal cord is essentially a disease of adult life; of twenty-one cases, only two occurred before the twentieth year; seventeen occurred between the ages of twenty and fifty years. Massive tubercle, on the contrary, is a disease of adolescent and early adult life; fifteen out of twenty-four occurred between the fifteenth and thirty-fifth year and five before the fifth year. 3d. Etiological factors in the production of sarcoma of the spinal cord are practically unknown. In one case only (a fall on the ice) does it appear to have exerted any influence, and even here the influence may be questioned. 4th. In three cases of sarcoma, the first symptom appeared during pregnancy. 5th. Pain appears to be the earliest and most prominent symptom in four-fifths of the cases. Speaking generally, the early symptoms of sarcoma of the cord are mainly of an irritative and not of a destructive nature. 6th. In sarcoma, the course of the disease is in general, much slower than in tubercle. In all of the above cases the diagnosis was confirmed by autopsy. Glioma were excluded.

DR. B. SACHS said he was much interested in Dr. Herter's attempts at differential diagnosis between sarcoma and tubercle of the cord. The rapid progress and greater destructiveness of the latter disease is probably the most important symptom we have. In a case that came under his observation eight years ago, he diagnosed probable sarcoma and found tubercle, and in that case the solitary tubercle of the cord was positively the original deposit of the disease. Tumors of the cord, Dr. Sachs said, are of extreme rarity.

DR. MARV PUTNAM JACOBI referred to

A CASE OF SARCOMA OF THE CORD IN A CHILD,

Reported by Dr. Gee (St. Bartholomew's Hospital Reports), in which the diagnosis was confirmed by autopsy. In a case reported by her in last autumn, the symptom very closely resembled those in Dr. Gee's case. There was a predominance of the irritative over the destructive symptoms and unilateral paralytic symptoms.

She made a diagnosis of sarcoma of the cord, and before death a large tumor appeared in the cervico-dorsal region. No autopsy was permitted.

DR. FREDERICK PETERSON stated that sarcoma in general were more common under the age of thirty than above that age.

THE PRESIDENT said that while sarcoma in general is more commonly met with in persons under the age of thirty, yet sarcoma in the nervous system is decidedly more frequent in adult life. He has recently collected six hundred cases of tumor of the brain (three hundred in adults and three hundred in children), and among these there were thirty-four cases of sarcoma in children and one hundred and fifty-seven in adults. He agreed with Dr. Sachs' statement that tumors of the spinal cord are very rare. He was much interested in the collection of cases made by Dr. Herter, and thought it would be well to carry the investigations further and determine how many of these cases would have been suitable for operative interference.

DR. GREME M. HAMMOND referred to the symptoms of Dr. Herter's patient on the side of the body opposite to that invaded by the growth. These, he thought, might have been due to degenerative changes in the opposite side of the cord, cause by a cutting off of the blood supply, or the commissure fibres may have been interfered with enough to produce the symptoms.

The discussion was then closed by Dr. Herter. He stated that there was only partial interference with the nutrition of the opposite side of the cord. As regards operation, he did not see the case until a very late day, and it seemed to him that it was not an operation case. The patient had been seen by an eminent neurologist of this city during its earlier stages, and had been treated by electricity with the idea that the trouble was a neuralgic one.

DISCUSSION ON THE MOTOR DISTURBANCES OF THE HEART OF NERVOUS ORIGIN.

DR. GEORGE W. JACOBY read the first paper on this subject. He stated that in a large number (probably in more than one-half) of the persons who consult us on account of some motor disorder of the heart, no anatomical lesion is clinically discoverable, and no mechanical cause can be found. In such cases it is reasonable to seek for the cause of the altered function in some disorder of